

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)			THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE			PAGE 1 OF 11 PAGES	
1. REQUEST NO. N00173-07-Q-0083		2. DATE ISSUED 07/10/2007		3. REQUISITION/PURCHASE REQUEST NO. 56-0069-07		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	
5a. ISSUED BY Supply Officer (Code 3410) Naval Research Laboratory, Washington DC 20375						6. DELIVER BY (Date) 09/30/2007	
5b. FOR INFORMATION CALL (NO COLLECT CALLS)						7. DELIVERY	
NAME Lillian M Moore			TELEPHONE NUMBER AREA CODE (202) NUMBER 767-3320			<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
8. TO:						9. DESTINATION	
a. NAME To All Quoters			b. COMPANY			a. NAME OF CONSIGNEE Naval Research Laboratory	
c. STREET ADDRESS						b. STREET ADDRESS 4555 Overlook Ave SW Bldg 49	
d. CITY						c. CITY Washington	
e. STATE			f. ZIP CODE			d. STATE DC	e. ZIP CODE 20375
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 07/19/2007				IMPORTANT: This is a request for information, and quotations furnished are not officers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.			
11. SCHEDULE (Include applicable Federal, State and local taxes)							
ITEM NO. (a)	SUPPLIES/ SERVICES (b)			QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See attached Continuation Sheet						
12. DISCOUNT FOR PROMPT PAYMENT				a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS
							NUMBER PERCENTAGE
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.							
13. NAME AND ADDRESS OF QUOTER					14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER							
b. STREET ADDRESS					16. SIGNER		
c. COUNTY					a. NAME (Type or print)		b. TELEPHONE
							AREA CODE
d. CITY			e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. OF DOC. BEING CONT'D N00173-07-Q-0083		PAGE OF 2 11	
NAME OF OFFEROR CONTRACTOR							
To all Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0001	Ultra high purity arsenic monosulfur (As4S4) with HS less than 1.5 dB/m, with OH less than 0.5 dB/m, and with oxide less than 0.005 dB/m	10	kg				
0002	High Purity sulfur with low OH content less than 0.01ppm, and HS content less than 0.01ppm	10	kg				
<p>If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202)767-6678.</p> <p>Any questions concerning this Request for Quotation (RFQ) must be e-mailed to SolQnA@condor.nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of RFQ.</p>							